

SC Department of Disabilities and Special Needs

FACILITY USE APPLICATION

Please read the restrictions of use before completing this form.

1. Name and address of organization: _____

2. Name of responsible contact person: _____
Business Number: _____ Home Number: _____
Cell Number: _____ Email Address: _____
Home Address: _____
3. Property requested: _____
4. Date(s) of intended use: _____
5. Hours of intended use: _____
6. Purpose of use: _____
7. Age range of participants: _____
Number of participants: Children: _____ Adults: _____
8. Special arrangements needed: _____
9. Opportunity for participation by people residing at the facility: _____
10. Applicant is aware that all users participating in boating or fishing activities must possess a valid fishing or boating license and have it available at all times as required by State and Federal safety regulations. Yes No
11. Event will include use of grill or fire in any way: Yes No
If yes, explanation: _____
12. Event will include the use of any variety of fireworks: Yes No
If yes, explanation: _____
13. Evidence of liability insurance: Yes, provide a copy No
Name of Company: _____
Policy Number: _____

I hereby affirm that I have read and do understand the guidelines as referred to in DDSN Directive 334-02-DD for the use of DDSN property and that I have or will convey all guidelines as referred to in Directive 334-02-DD to all members of my group who will participate and use the property requested. I am also aware that the South Carolina Department of Disabilities and Special Needs (DDSN) reserves the right to refuse an application for any reason. Further, on behalf of my group, I hereby promise to save harmless (DDSN) from all liability for any injury that may occur to any member(s) of my group while using DDSN property of.

Applicant Signature

Date:

Above use: Approved Disapproved

Fee to be Charged: _____

DDSN Director of Contracts Signature

Date:

Associate State Director of Operations Signature

Date:

DDSN General Counsel Signature
334-02-DD Attachment (Revised 04/15/21)

Date: